Form of Application for claiming refund of Medical expenses incurred in connection with medical attendance and/or treatment of and their families.

(B. Separate for should be used for each patient)

1. Name and designation of the employees: (in Block Letters) — NITIN BANGOTRA AG III (DEPOT)
2. Office in which employed: — FCI, BG DHAND
3. Pay of the employee as defined in the funds: mental Rules, and any other implements which should be shown separately. — Pay **DA HRA CA Total** Basic Rs.29050/- FCI, BG DHAND
4. Place of Duty: — **421/F KRISHNA NAGAR JAMMU Pin-180016**
5. Actual Residential Address: — **1070 BNC PIPLI KURUKSHETRA**

Present Address

6. Name of the patient and his/her relationship:- to employee. — DURGA DASS (FATHER)
7. Place at which the patient fell ill:
8. Details of the amount claimed:

I) MEDICAL ATTENDANCE:

i) Fees for consultation, indicating: -

a) The name and designation of the medical officer consulted and the hospital or dispensary to which attached. — DR NAJMUS SAQIB (CARDIOLOGIST) JK MEDICITY HOSPITAL, JAMMU.

b) The number and date of consultations and the fee paid for consultations.

c) The number and date of injection and the fee paid for Injection.

d) Whether consultation and/or injections were had at the hospital at the consulting room of the medical officer or at the residence of the patient.

ii) Charges for **Pathological Hierological, Radiological or other similar tests under taken during diagnosis indicating: -**

a) The names of the hospital or laboratory where the test were undertaken, and

b) Whether the tests were undertaken on the advance of the authorized medical attendant, if so a certificate to that effect should be attached. ——

III) Cost of Medicines Purchased from the Market.

(List of Medicines, Cash Memos, and the essential certificates should be attached.)

II) HOSPITAL TREATMENT:

Fee paid to a specialist or a medical officer other than the authorized medical attendant indicating: -

a) the name and designation of the specialist or medical officer consulted and the hospital to which attached.

b) whether consultation was had at the hospital at the consulting room of the specialist or medical officer at the residence of the patient.

c) whether the specialist of medical officer was consulted on the advice of the authorized medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained, if so a certificate to that effect should be attached.

9. Total amount claimed: - **Rs.3494/-**

10. List of enclosures: 1. Consultation Slip 3. MEDICINE BILLS
2. Medical Card 4. TEST REPORTS

DECLARATION TO BE SIGNED BY THE EMPLOYEE

I hereby declare that statements in this application are true to the best of my knowledge and belief that the person for whom medical expenses were incurred is wholly dependent upon me.

Dated: -.14/07/2026

NITIN BANGOTRA
A.G.III(D), FCI BG DHAND

TO BE FILLED IN BY THE APPLICANT

Treatment for : FATHER
Name of the disease... HEART DISEASE
Duration: From..08/07/2026..... To...07/08/2026....

DETAILS OF MEDICINE PURCHASES

Sr. No.	Cash Memo No. & Date	Name of Medicines (in Block Letters)	Qty.	Price	Shop from which Purchased

FOR OFFICE USE

1. Consultation/Diet .....
2. Injections/Medical Advice etc. .....
3. Nursing and accommodation .....
4. Confinement, Operation etc. .....
5. X-Ray, Pathological Test etc. .....
6. Cost of Medicines .....

Total: - .....

PASSED FOR Rs..... (Rs.....)
ACCOUNT OFFICER

Countersigned. **ESTABLISHMENT OFFICER**

JK MEDICITY HOSPITAL, JAMMU

(Managed & Operated by Cygnus Medicare Pvt. Ltd.)

Dr. Najmus Saqib CARDIOLOGIST

NABH ACCREDITED

www.ujalacygnus.com

~~UCH/REC/02/V1~~

MR No.	: 2856219	Doctor Name	: Dr. Najmus Saqib(CARDIOLOGIST)
Patient Name	: MR. DURGA DASS	Mobile No	: 9622758043
Gender / Age	: Male / 61Y	Date Of Birth	: 04/07/1965
Address	: h.no 421 F, LANE NO 6 KRISHAN NAGAR	Regn. Date	: 08/07/2026 12:54:16 PM
		Sponsor	: CGHS (CASH)
		Usernm	: SAHIBDEEP

Chief Complaints & Present illness :

CAD.

Dr medical mx.

Dr Clopitorva.

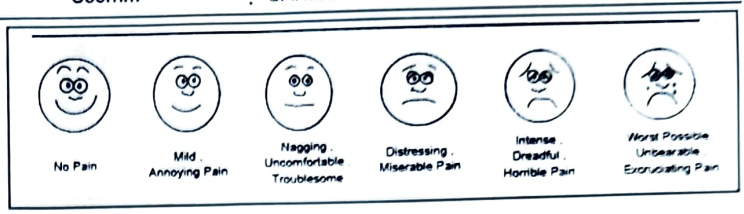
CoA → Patient can be

2 way CAG: taken up for SG

under slightly more

- Man usual cardiac

fresh.



Past History :

Physical Examination

BP :

Pulse :

RR. :

Temp. :

SpO2 :

LMP :

Weight :

Chest :

CVS :

CNS :

Abdomen :

GRBS :

Local Examination :

Provisional Diagnosis :

Investigations :

Follow up date :

Diet Advised & Treatment :

Continue same

Clopitorva 20/75 0 — 10 pm

Ubilong 20 SA 0 — 2 pm

Ohmitel CR 0 — 9 am

Tab D 0 — 8 pm

Rexbird 40 0 — CR

Uajala Cygnus JK Medicity Hospital
Nh-1, Narwal Bye Pass Road, Jammu, Jammu and Kashmir 180015. Ph-9906018889,3 and 9906019993

Ujala Cygnus
HEALTHCARE SERVICES

OPD Bill Cum Receipt

Bill To

MR No	: 2856219	Patient Name	: MR. DURGA DASS
Bill No	: OP/JMU/2607001641	Doctor Name	: Dr. Najmus Saqib(CARDIOLOGIST)
Bill Date	: 08/07/2026 12:54:16 pm	Gender / Age	: Male / 61Y
Mobile No	: 9622758043	Type	: Corporate
Token No	: 53	Sponsor	: (CGHS (CASH))

SN	Service Description	Rate	Qty	Total	Disc	Amount
1	OPD Consultation (Dr.NAJMUS SAQIB)	350.00	1	350.00	0.00	350.00
2	2D ECHO CARDIOGRAPHY (Dr.NAJMUS SAQIB)	1128.00	1	1128.00	0.00	1128.00

Payment Details

Paymode	Card No	Amount
Cash	0	1478

Total Amount : 1478.00 Paid : 1478.00
Discount : 0.00 Due : 0.00

Net Amount
1478.00

Ujala Cygnus JK Medicity Hospital Jammu

Notes

Received with thanks from DURGA DASS a sum of Rs.1478.00/- Only.
Amount In Words : Rupees One Thousand Four Hundred Seventy Eight Only

SAHIBDEEP
Authorised Signature

COLOUR DOPPLER ECHO CARDIOGRAPHY

NAME: MR DURGA DASS	AGE/SEX: 61Y/MALE	DATE: 08-07-2026
REFERRED BY :DR SHAH NAJMUS SAQIB	RHYTHM: SINUS	

MITRAL VALVE : NORMAL

NO MITRAL REGURGITATION.

MITRAL E =0.5m/sec, A =0.8m/sec.

AORTIC VALVE : TRACE AORTIC REGURGITATION

AORTIC V max =1.1m/sec.

TRICUSPID VALVE : THIN, OPENING NORMALLY.

NO TRICUSPID REGURGITATION

PASP =NORMAL.

PULMONARY VALVE : THIN, OPENS NORMALLY

NO PULMONARY REGURGITATION.

PERICARDIUM : NO PERICARDIAL EFFUSION SEEN.

WALL MOTION : NO LV RWMA.

CARDIAC CHAMBERS : ALL CARDIAC CHAMBERS NORMAL

NO LA/LV CLOT SEEN.

MEASUREMENTS

AORTIC ROOT	30	NORMAL VALUES (22-37mm)
ASCENDING AORTA	26	(22-37mm)
LEFT ATRIUM	34	(20-41mm)
IVS(DIASTOLIC)	10	(07-11mm)
LEFT VENTRICULAR DIASTOLIC	41	(35-55mm)
LEFT VENTRICULAR (SYSTOLIC)	24	(25-42mm)
LVPW(DIASTOLIC)	11	(07-77mm)

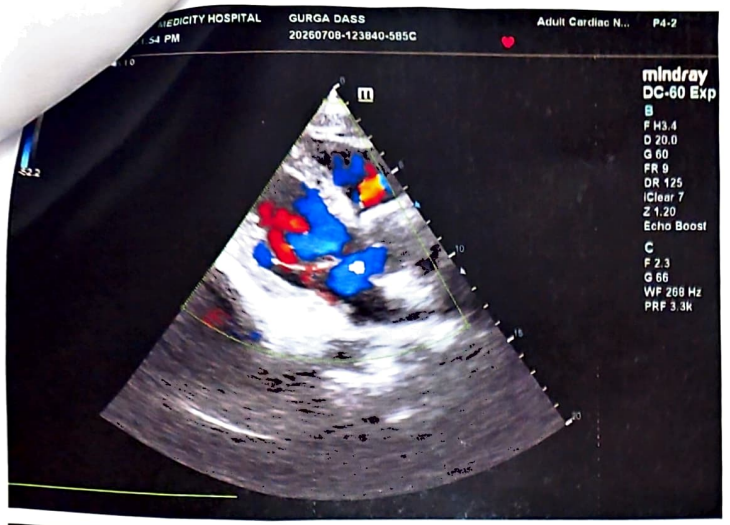
LV EJECTION FRACTION : 60% (50-80%)

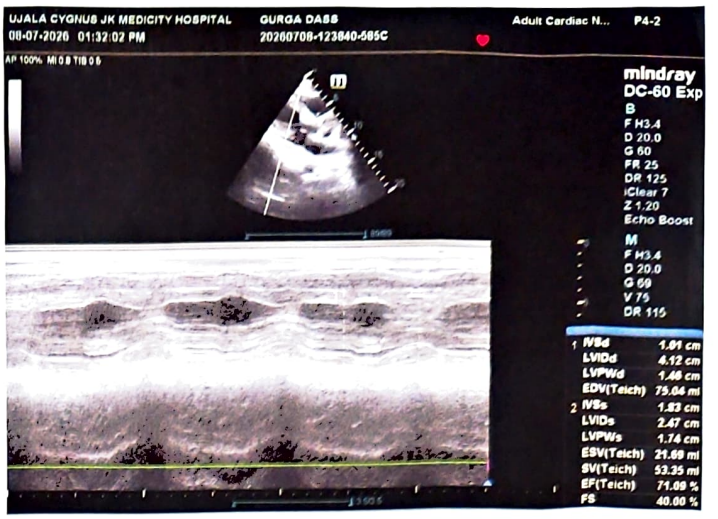
IMPRESSION:

- NO LV RWMA, LVEF=60%
- NORMAL RV SYSTOLIC FUNCTION.
- ALL CARDIAC CHAMBERS NORMAL.
- MIP- DRA, LVEDP –NORMAL (GRADE-1 DIASTOLIC DYSFUNCTION).
- NO MR, NO TR, PASP= NORMAL.
- TRACE AR, NO AS
- NO INTRA-CARDIAC MASS/CLOT OR PERICARDIAL EFFUSION SEEN.
- IVC NORMAL COLLAPSING>50% ON DEEP INSPIRATION, CVP=3mmHg.

DR. SHAH NAJMUS SAQIB
MBBS, MD, DNB(CARDIOLOGY)
Sr. CONSULTANT INTERVENTIONAL CARDIOLOGY

(NOT FOR MEDICOLEGAL PURPOSE)


MEDICITY HOSPITAL
GURGA DASS
Adult Cardiac N...
P4-2
20260708-123840-585C
mindray
DC-60 Exp
B
F H3.4
D 20.0
G 60
FR 9
DR 125
iClear 7
Z 1.20
Echo Boost
C
F 2.3
G 66
WF 268 Hz
PRF 3.3k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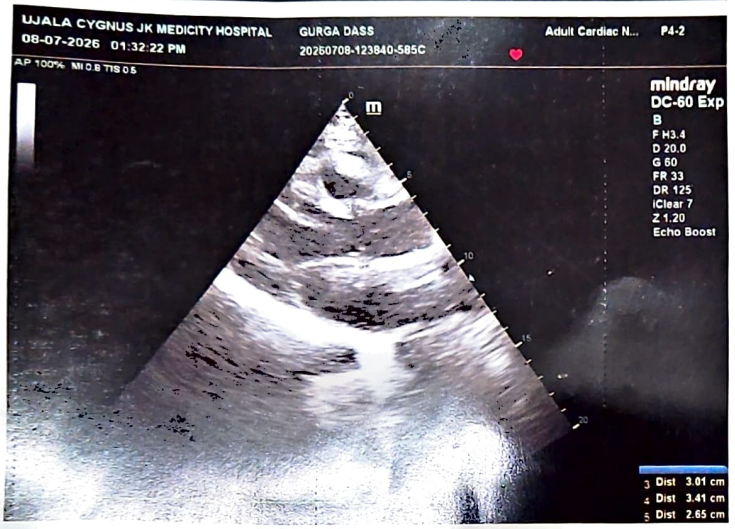
GURGA DASS
20260708-123840-585C
Adult Cardiac N...
P4-2
mindray
DC-60 Exp
B
F H3.4
D 20.0
G 60
FR 25
DR 125
iClear 7
Z 1.20
Echo Boost
M
F H3.4
D 20.0
G 69
V 75
DR 115
IVSd 1.01 cm
LVIDd 4.12 cm
LVPWd 1.46 cm
EDV(Teich) 75.64 ml
IVSs 1.83 cm
LVIDs 2.47 cm
LVPWs 1.74 cm
ESV(Teich) 21.69 ml
SV(Teich) 53.35 ml
EF(Teich) 71.09 %
FS 40.00 %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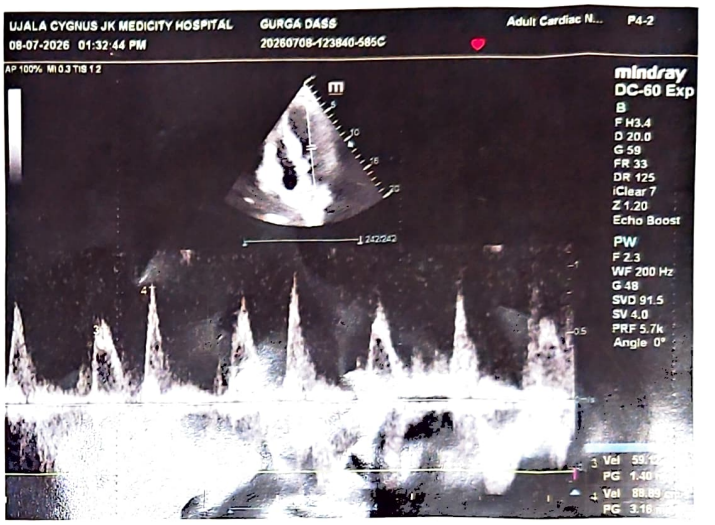
GURGA DASS
20260708-123840-585C
Adult Cardiac N...
P4-2
mindray
DC-60 Exp
B
F H3.4
D 20.0
G 60
FR 33
DR 125
iClear 7
Z 1.20
Echo Boost
Dist 3.01 cm
Dist 3.41 cm
Dist 2.65 cm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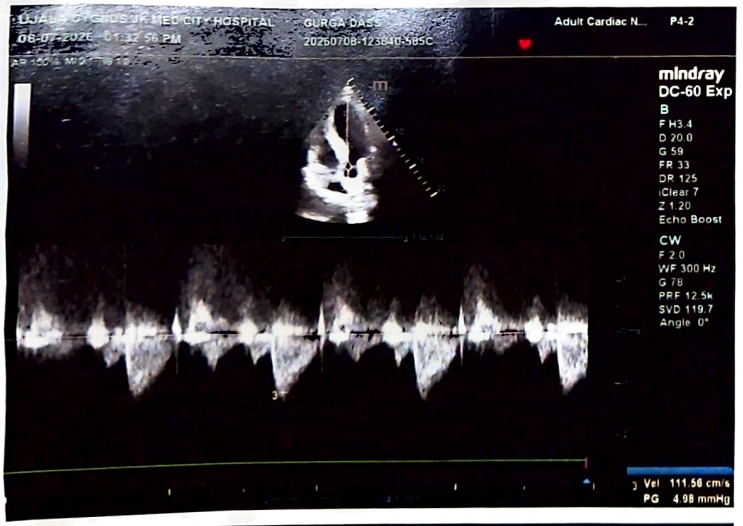
GURGA DASS
20260708-123840-585C
Adult Cardiac N...
P4-2
mindray
DC-60 Exp
B
F H3.4
D 20.0
G 59
FR 33
DR 125
iClear 7
Z 1.20
Echo Boost
PW
F 2.3
WF 200 Hz
G 48
SVD 91.5
SV 4.0
PRF 5.7k
Angle 0°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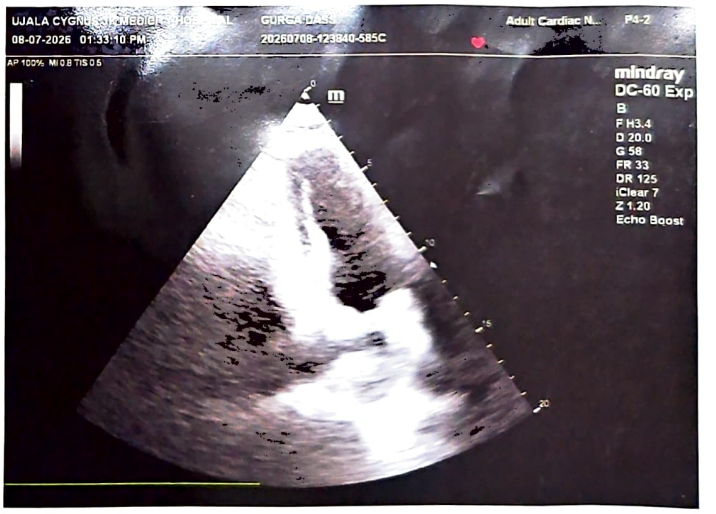
GURGA DASS
Adult Cardiac N...
P4-2
20260708-123840-585C
mindray
DC-60 Exp
B
F H3.4
D 20.0
G 59
FR 33
DR 125
iClear 7
Z 1.20
Echo Boost
CW
F 2.0
WF 300 Hz
G 78
PRF 12.5k
SVD 119.7
Angle 0°
Vel 111.56 cm/s
PG 4.98 mmHg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P4-2
20260708-123840-585C
mindray
DC-60 Exp
B
F H3.4
D 20.0
G 58
FR 33
DR 125
iClear 7
Z 1.20
Echo Boost

UJALA CYGNUS JK MEDICITY HOSPITAL
08-07-2026 01:33:12 PM
GURGA DASS
Adult Cardiac N...
P4-2
20260708-123840-585C
mindray
DC-60 Exp
B
F H3.4
D 20.0
G 58
FR 33
DR 125
iClear 7
Z 1.20
Echo Boost

Uajala Cygnus JK Medicity Hospital
Nh-1, Narwal Bye Pass Road, Jammu, Jammu and Kashmir 180015. Ph-9906018889,3 and 9906019993

Ujala Cygnus

OPD Bill Cum Receipt

Bill To

MR No	: 2856219	Patient Name	: MR. DURGA DASS
Bill No	: OP/JMU/2607001659	Doctor Name	: Dr. Najmus Saqib(CARDIOLOGIST)
Bill Date	: 08/07/2026 01:15:54 pm	Gender / Age	: Male / 61Y
Mobile No	: 9622758043	Type	: Corporate
		Sponsor	: (CGHS (CASH))

SN	Service Description	Rate	Qty	Total	Disc	Amount
1.	ECG	134.00	1	134.00	0.00	134.00

Payment Details

Paymode	Card No	Amount
Cash	0	134

Total Amount : 134.00 Paid : 134.00
Discount : 0.00 Due : 0.00

Net Amount
134.00

Ujala Cygnus JK Medicity Hospital Jammu
SACHAN KUMAR
Authorised Signature

Notes
Received with thanks from DURGA DASS a sum of Rs.134.00/- Only.
Amount In Words : Rupees One Hundred Thirty Four Only

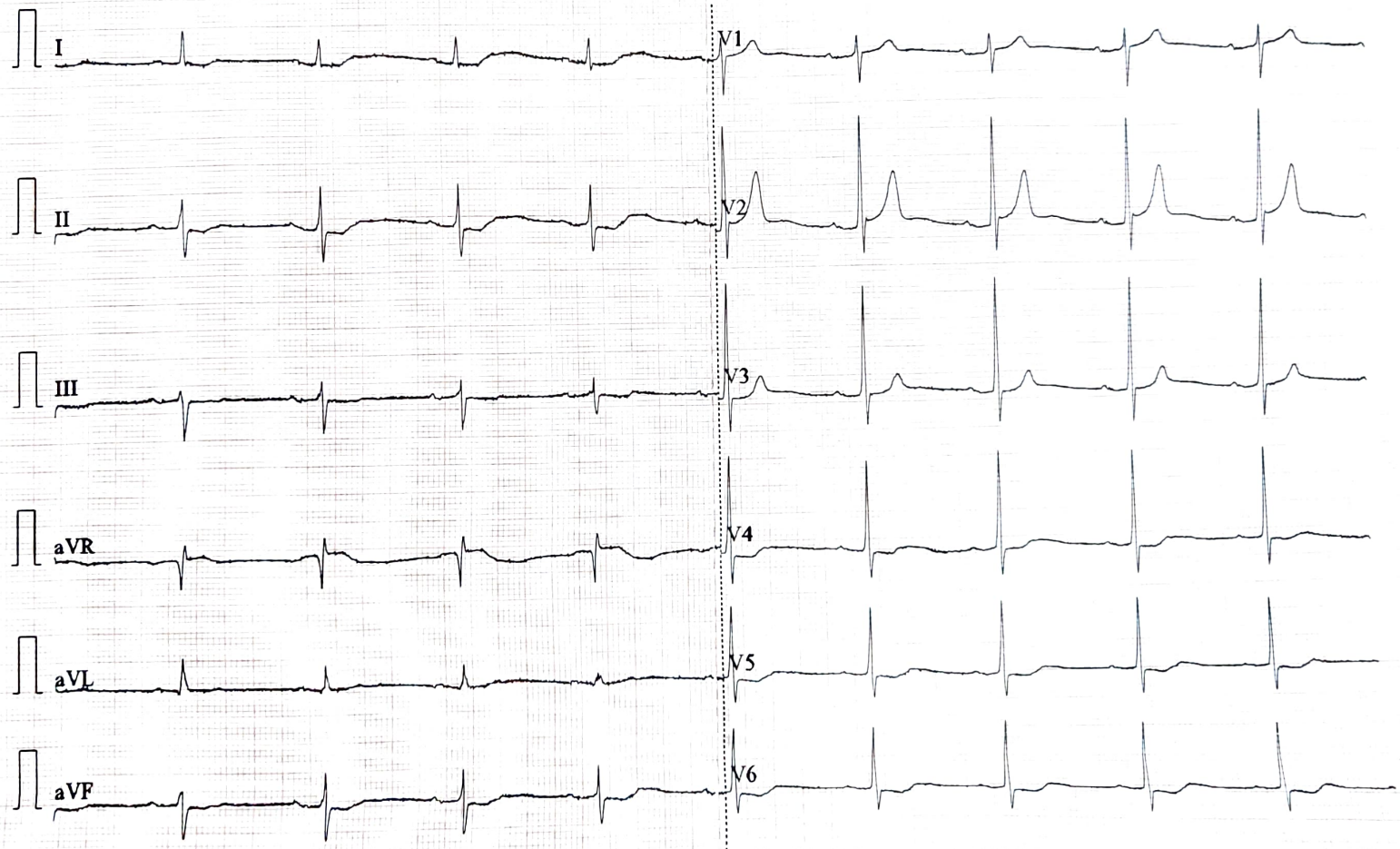
ID: 2856219
durga dass
Male 61Years
Req. No. :

08-07-2026 13:20:23

HR	: 58	bpm
P	: 114	ms
PR	: 206	ms
QRS	: 84	ms
QT/QTcBz	: 364/358	ms
P/QRS/T	: 24/-13/4	°
RV5/SV1	: 1.241/0.552	mV

Diagnosis Information:
Sinus bradycardia with borderline 1st degree A-V block
Widespread ST-T abnormality may be due to myocardial ischemia
Abnormal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s CARDIART 9108 [redacted] V1.52 Glasgow V28.6.7 ujala cygnus jk medicity jammu

GST INVOICE

CITY MEDICAL STORE

Chemist & Druggist.

Cash received SMC COMPLEX SHOP NO. 2,
BAKSHI NAGAR JAMMU.
Phone : 01913571009 9419126696,9086057777, Fax : 9
D.L.No. : JR 12144/45
GST No. : 01AABPF8684B2ZB

Inv.No.: AB33865 DATE : 13-07-2026
Name: BURGA DASS
Add.:
Dr. : DR.MAJHUS
USER.: CITY1
TIME : 20:39

QTY.	PACK	PARTICULARS	BATCH	EXP	RATE	AMOUNT	GST %
30	STR 1X10	a CLOPITOGVA 20MG CAP	IB00381A	1/28	392.54	1177.62	5.0

HSN->a-3004 GST->1009.4@2.5+2.5%=25.23CGST+25.23CGST

TOTAL : 1177.62 - DISCOUNT : 117.76

Rs. One Thousand and Sixty only

PLEASE PAY = 1060.00

CITY MEDICAL STORE
GMC Complex Shop No. 2
Bakshi Nagar, Jammu

*All disputes subject to JAMMU Jurisdication only
*Medicines without Batch No.& Exp.
will not be taken back.
*Please consult Dr.Before using the medicines

for CITY MEDICAL STORE

E & O.E.

Get well soon. Scan the Healthcare QR Code for complete health services, insurance, and government benefits.

BHAGWATI MEDICATE

OPP. PETROL PUMP, NEAR GOVT. GUEST HOUSE,
CANAL ROAD, JAMMU.
Phone : 9070626006
D.L.No.: JR/19107-08
GSTIN : 01AAIHA7218Q1Z7 TIN No. : 01921171049

GST INVOICE
CASH INVOICE

Invoice No. A082364
Date 12/07/2026

Customer Name
WDQ DURGA DASS

Dr : DR NAJMUS SAQIB

GST

Quantity	Pack	Item Description	Batch	Exp	Mrp.	RATE	DISC	CGST	SGST	Amount
30 TABP	15	ESOMAC 40 TAB	ATS13AAB	2/28	208.35	208.35	15.00	2.50	2.50	354.19
1 TAB.	15	FEBUSTAT 20MG	PCM0031	1/28	226.46	226.46	15.00	2.50	2.50	192.49
3 TAB.	10	OLMIBID 20MG TAB	LEST-0548	12/27	107.80	107.80	15.00	2.50	2.50	274.89

**** Have A Nice Day ****

We Believe in Co-op. Movement.
Medicines without Batch & Exp. will not be taken back.
All disputes subject to Jurisdication only.

TOTAL	966.56
Discount	144.99
CGST	19.55
SGST	19.55

Grand Total
822.00

For Bhagwati Medicate

Rs. Eight Hundred and Twenty Two only

GST EXMP : 0.00			
GST@5% : 782.47	CGST : 19.55	SGST : 19.55	
GST@12% : 0.00	CGST : 0.00	SGST : 0.00	
GST@18% : 0.00	CGST : 0.00	SGST : 0.00	
GST@28% : 0.00	CGST : 0.00	SGST : 0.00	

For BHAGWATI MEDICATE
Authorised signatory
Authorised signatory

Get well soon. Scan the Healthcare QR Code